

1.) CORPORATION NAME:

CARL WALKER, INC.

DUE DATE: **9/30/2011**

SCC ID NO: **F1523622**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

CT CORPORATION SYSTEM

4701 COX RD STE 301

GLEN ALLEN, VA 23060

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	500,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

MI

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 5136 LOVERS LANE STE 200

CITY/ST/ZIP: KALAMAZOO, MI 49002-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	GARY L CUDNEY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	P/CEO/COO/T		
ADDRESS:	5136 LOVERS LANE		
	STE 200		
CITY/ST/ZIP/CO:	KALAMAZOO, MI 49002-		
NAME:	MICHAEL C ORTLIEB	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	EXEC VP/SEC		
ADDRESS:	5136 LOVERS LANE		
	STE 200		
CITY/ST/ZIP/CO:	KALAMAZOO, MI 49002-		
NAME:	TIM D CHRISTLE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SVP, SWNPS		
ADDRESS:	2801 NETWORK BLVD		
	SUITE 101		
CITY/ST/ZIP/CO:	FRISCO, TX 75034-		
NAME:	DAVID KENT, CPA	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SVP, FIN & ADMIN		
ADDRESS:	5136 LOVERS LANE, STE 200		
CITY/ST/ZIP/CO:	KALAMAZOO, MI 49002-		
NAME:	ROBERT MCGRAW	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	C/O KINGSCOTT ASSOC 229 E MICHIGAN STE 335		
CITY/ST/ZIP/CO:	KALAMAZOO, MI 49007-		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MIKE SUMMERS DIRECTOR 5136 LOVERS LANE SUITE 200 KALAMAZOO, MI 49002-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MATTHEW Q INMAN VICE PRESIDENT 950 W ELLIOT RD SUITE 116 TEMPE, AZ 85284-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GAILIUS A VASONIS VICE PRESIDENT 5136 LOVERS LANE STE 200 KALAMAZOO, MI 49002-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOEY D ROWLAND VICE PRESIDENT 14045 BALLANTYNE CORP PL SUITE 380 CHARLOTTE, NC 28277-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT C MCCONNELL VICE PRESIDENT 2460 W 26TH AVE SUITE 500C DENVER, CO 80211-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ DAVID KENT, CPA SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	DAVID KENT, CPA, SVP, FIN & ADMIN PRINTED NAME AND CORPORATE TITLE	7/29/2011 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			